

COMMERCIAL DRIVING SCHOOL MULTIPLE LOCATIONS

Use this form to add schools to your original school location

School Name: _____			
School Street Address: _____			
Street	Room Number (if applicable)	City	Zip
Building description _____ (i.e., residence, business complex, retail area, etc.)		Certificate of Occupancy? Yes _____ No _____	
Building shared with other businesses? Yes _____ No _____		If yes, type of business _____	
Contact person at this location _____			
School Phone Number: _____		School Fax Number: _____	

School Name: _____			
School Street Address: _____			
Street	Room Number (if applicable)	City	Zip
Building description _____ (i.e., residence, business complex, retail area, etc.)		Certificate of Occupancy? Yes _____ No _____	
Building shared with other businesses? Yes _____ No _____		If yes, type of business _____	
Contact person at this location _____			
School Phone Number: _____		School Fax Number: _____	

I certify these locations meet the same instructional standards, scheduling standards, and school requirements as the primary licensed driving school location.

Primary Owner

_____ Print Name	
_____ Signature	_____ Date

Secondary Owner

_____ Print Name	
_____ Signature	_____ Date